

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/23/2011
FORM APPROVED
OMB NO. 0938-0391

454 8/10/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2011
NAME OF PROVIDER OR SUPPLIER ROGERSVILLE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 109 HWY 70 NORTH ROGERSVILLE, TN 37857		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 064 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to assure fire extinguishers were mounted/hung no higher than 60 inches from the floor to the top of the handle.</p> <p>The findings included:</p> <p>Observation on June 21, 2011 at 1:00 p.m. revealed all the fire extinguishers in the facility were mounted/hung higher than 60 inches.</p>	K 064	<p>What Corrective action will be accomplished for those residents found to have been affected by the deficient practices?</p> <p>On 6/21/2011 the Maintenance Staff immediately adjusted the height of all fire extinguishers in the facility to lower than 60 inches from the floor to the top of the handle.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?</p> <p>On 6/21/2011 the Environmental Service Director inspected the height of all fire extinguishers and determined that they were all mounted no higher than 60 inches from the floor to the top of the handle.</p> <p>What Measures will be put into place or what systemic changes will you make to ensure the deficient practice does not reoccur?</p> <p>On 6/21/2011 the Maintenance Staff were inserviced by the administrator that all fire extinguishers in the facility must be mounted no higher than 60 inches from the floor to the top of the handle.</p> <p>Effective 6/21/2011 the Maintenance Director or Environmental Service Director will measure the height of any new fire extinguisher installation to assure they are mounted no higher than 60 inches from the floor to the top of the handle.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance program will be put into place?</p> <p>Maintenance Director will report findings to Performance Improvement Committee to include at minimum (Administrator, DON, ADON, Social Service Director) annually.</p>	<p>7/26/11 C.E. prop</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol Lawson

Administrator

7/6/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.